



"A Healthier Weigh" **Logan County Extension**

Participant Consent

I have voluntarily enrolled in a program for health and fitness. The goal of "A Healthier Weigh" is to become more fit by changing lifestyle practices. Participants will do this by increasing physical activity and learning about recommended nutrition and health practices.

I understand that participation in "A Healthier Weigh" may be associated with some risks because of increasing physical activity. These risks may include muscle soreness, increased heart rate, or increased blood pressure. I understand that each person may react differently to fitness activities and these reactions cannot be predicted with complete accuracy. To the best of my knowledge I do not have any limiting physical conditions or disability that would preclude me participating in this program.

I release everyone who has designed, promoted, or conducted "A Healthier Weigh" from all claims or liabilities resulting from my participation in this program. I assume all risks and responsibility for any injury, damage or adverse event that may result from my participation in the program.

☐ I agree to allow any pictures taken during the program to be used as part of publicity or reporting on A Healthier Weigh.

Signature _____

Printed Name _____

Date _____